APPLICATION DATA SHEET

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification:: N/A Suggested Group Art Unit:: N/A CD-ROM or CD-R?:: None Number of CD Disks:: N/A Number of Copies of CDs:: N/A Sequence Submission?:: N/A Computer Readable Form?:: Yes Number of Copies of CRF:: N/A

Title:: FEED RATIONS AND METHODS OF

FEEDING GROWING RUMINANTS

Attorney Docket Number:: NVI 5235.2

Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 1
Small Entity?:: No
Petition Included?:: No
Petition Type:: N/A

Licensed US Govt. Agency:: N/A
Contract or Grant Numbers:: N/A
Secrecy Order in Parent?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: William

Middle Name:: E.

Family Name:: Kunkle

City of Residence:: Gainsville

State or Province of Residence:: FL

Country of Residence:: US

Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing

Address::

Postal Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Edgar

Family Name:: Rodriguez
City of Residence:: Gainsville

State or Province of Residence:: FL Country of Residence:: US

Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing

Address::

Postal Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mercedes

Family Name:: Vazquez-Anon City of Residence:: Chesterfield

State or Province of Residence:: MO Country of Residence:: US

Street of Mailing Address:: 17166 Surrey Drive

City of Mailing Address:: Chesterfield

State or Province of Mailing

Address:: MO

Postal Code of Mailing Address:: 63005

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Bryan Family Name:: Miller

City of Residence:: Chesterfield

State or Province of Residence:: MO Country of Residence:: US

Street of Mailing Address:: City of Mailing Address::

State or Province of Mailing

Address::

Postal Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 000321

Representative Information

Representative Customer Number:: 000321

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	Non- Provisional of	60/397,156	07/19/02
This application	Non- Provisional of	60/397,957	07/22/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
up to 50 characters	up to 20 characters	MM/DD/YY	"Yes" or "No"
up to 50 characters	up to 20 characters	MM/DD/YY	"Yes" or "No"

up to 50	up to 20	MM/DD/YY	"Yes" or "No"
characters	characters		

Assignee Information

Assignee Name::

No more than 50 characters